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FLORIDA FILING & SEARCH SERVICES, INC.

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PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE: 4/29/21

NAME:

EVOLUTION MAISON DE BEAUTE, LLC

TYPE OF FILING: AMENDMENT

COST:

25.00

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ACCOUNT: FCA00000015

AUTHORIZATION: ABBIE/PAUL HODGE

applie Hodge

COVER LETTER

		ation Sect n of Corpo						
SUBJEC		OLUTION	N MAISON DE BEAUTE, L	LC				
SOBJEC	.1:		Name of Lim	ited Liability Company				
The enclo	osed An	ticles of A	mendment and fee(s) are sub	mitted for filing.				
Please ret	turn all	correspond	dence concerning this matter	to the following:				
			SEVERINE GIANESE-P	ITTMAN, ESQ.				
				Name of Person				
			GIANESE-PITTMAN, P.	Α.				
Firm/Company								
100 BISCAYNE BLVD., SUITE 3070								
			Address					
			MIAMI, FL 33132					
			, , , , , , , , , , , , , , , , , , ,	City/State and Zip Code	·····			
			SGIANESE@SGPITTMA					
			E-mail address: (t	o be used for future annual report	notification)			
For furthe	r inforr	nation con	cerning this matter, please ca	all:				
SEVERINE GIANESE-PITTMAN, ESQ.				305 722-598				
		Name of P	erson	Area Code Da	ytime Telephone Number			
Enclosed	is a che	ck for the	following amount:					
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Mailing Address:
Registration Section
Division of Corporations
P.O. Box 6327

Street Address:
Registration Section
Division of Corporations
The Centre of Tallahassee

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

EVOLUTION MAISON DE BEAUTE, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited I	Liability Company	y were filed on 11/10/2016	and assigned
Florida document number L16000206742			
This amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name of	of the limited liat	oility company here:	
PB CORAL GABLES LLC			
The new name must be distinguishable and contain the	words "Limited Liab	ility Company," the designation	"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:		
(Principal office address MUST BE A STREA	ET ADDRESS)		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE	BOX)		
B. If amending the registered agent and/or agent and/or the new registered office addre	registered office : ess here:	address on our records, <u>c</u>	enter the name of the new registered
Name of New Registered Agent:	GIANESE-PIT	ITMAN, P.A.	
New Registered Office Address:	100 BISCAYN	NE BLVD., SUITE 3070	
		Enter Florida street d	nddress
	MIAMI		_, Florida
		City	Zip Code

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address. I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = M $AMBR = A$	anager uthorized Member				
Title	Name	<u>Address</u>	3621 APR 29		Type of Action
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fective date, if other than the dat in effective date is listed, the date must be bite: If the date inserted in this block cument's effective date on the Depar	does not meet the applic	to date of filing or nable statutory filir	oore than 90 da ng requiremen	(optional) ys after filing.) Pursuant its, this date will not b	to 605.0207 e listed as
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is filed.		me, at 12:01 a.m.	on the earlier	of: (b) The 90th day	y after the
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